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APPLICANTS

Vincent Fischetti, West Hempstead, NY;
Lawrence Loomis, Columbia, MD;


**** CONTINUING DATA *******

TK This application is a CON of 10/083,142 02/27/2002 PAT 6,733,749 which is a CON of 09/654,482 09/01/2000 PAT 6,399,097
which is a CIP of 09/497,495 04/18/2000 PAT 6,238,661
which is a CON of 09/395,636 09/14/1999 PAT 6,056,954
which is a CIP of 08/962,523 10/31/1997 PAT 5,997,862

**** FOREIGN APPLICATIONS *********NONE****IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  TK Examiner's Signature Initials				

ADDRESS

Jonathan E. Grant
Grant Patent Services
2107 Hounds Run Place
Silver Spring, MD20906

TITLE

Throat lozenge for the treatment of Streptococcus Group A

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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